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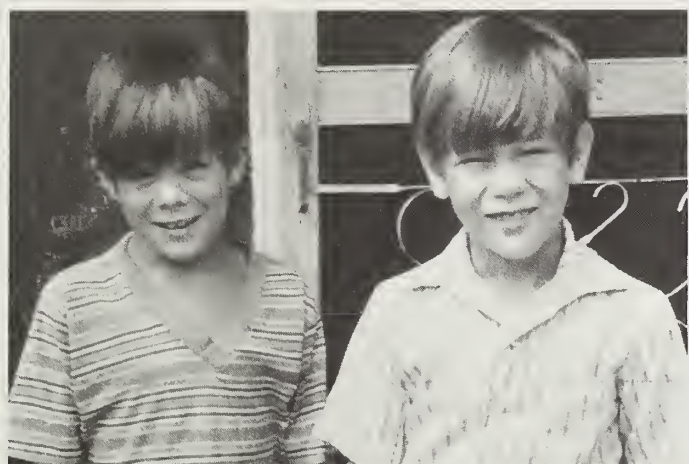


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Food & Nutrition

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FEB 13 1987

January 1987 Volume 17 Number 1



Reaching Children



Food Programs Are Stronger Than Ever

An Interview with USDA Assistant Secretary John W. Bode

Although the nation's poverty rate has declined since 1983, children are still more likely than other age groups to be poor. Whatever the economic, social, and demographic roots of children's poverty, it holds a special challenge for public policy.

A basic goal of federal food assistance efforts is prevention of poverty-based hunger. In the following interview, John W. Bode, Assistant Secretary for Food and Consumer Services for the U.S. Department of Agriculture, discusses the role of USDA food programs in meeting the nutrition needs of children in poverty.

As Mr. Bode explains, USDA has several food programs designed to make sure low-income families have access to sufficient food, and children are the main beneficiaries of those programs.

Mr. Bode served as Deputy Assistant Secretary for 4½ years before his current appointment in July 1985. His responsibilities include development of national nutrition and consumer policies as well as oversight of the Food and Nutrition Service and the Human Nutrition Information Service.

He has had wide experience with food and farming issues. He grew up in rural Oklahoma and later served as an aide to the governor and then to the U.S. Senate Committee on Agriculture, Nutrition, and Forestry. He has been appointed by President Reagan to serve on the board of directors of the Commodity Credit Corporation.

As the spokesman for federal food assistance policies, Mr. Bode has traveled and met with the public, special interest and advocacy groups, and journalists throughout the United States at a time when the issue of children in poverty is under constant scrutiny.

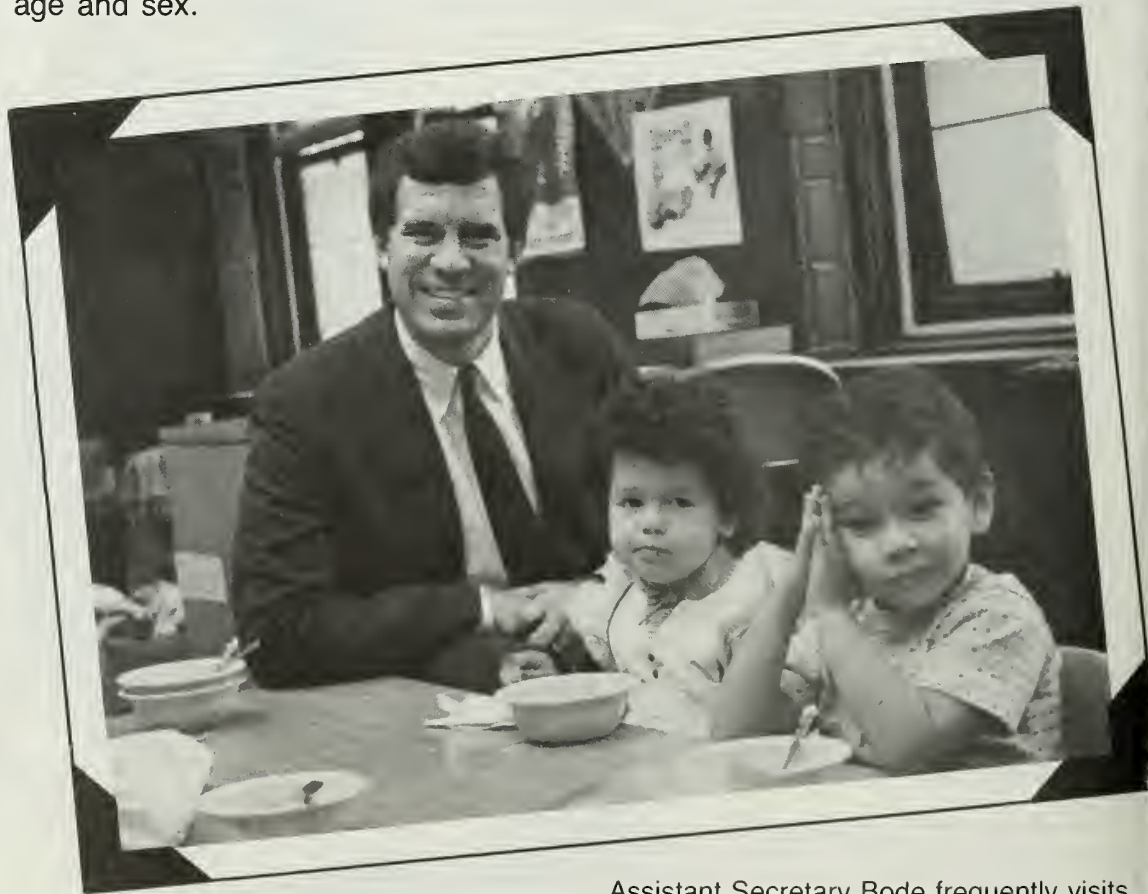
Q. Mr. Bode, do you believe this nation is facing a crisis of hunger and, specifically, that its children are at risk?

A. Clearly, some people are having a tough time stretching their food budgets. This is a special concern as it affects anyone so vulnerable as a child.

With a small number of tragic exceptions, the children we are talking about do have parents. All public efforts to address this subject ought to be couched in terms of the family, rather than pretending we are all free-floating individuals appropriately clustered by age and sex.

The federal government is doing more now than ever before to meet the food assistance needs of low-income Americans. Federal food assistance spending is up by 40 percent since 1980. Where reforms were enacted, they were targeted on non-essential subsidies, such as lunch subsidies for children from upper and middle income families or lunch subsidies in high-tuition private schools.

The data we have suggest that we are meeting our responsibility. A recent survey showed that American women and children, poor and affluent alike, eat better now than in 1977. This does not imply that no one is having difficul-



Assistant Secretary Bode frequently visits child nutrition program sites. He is pictured here during a visit to a child care center in New York.

“The federal government is doing more now than ever before to meet the food assistance needs of low-income Americans. Federal food assistance spending is up 40 percent since 1980.”

ties, but it does forcefully argue that poverty-based nutritional problems are being successfully addressed.

The federal government's principal defense against hunger is the Food Stamp Program. Unlike most welfare programs, where eligibility depends on age, disability, or other factors, food stamps are available universally to all families in poverty, and 83 percent of all benefits go to households with children.

Food assistance is also provided to children in special settings, such as school lunch and breakfast, and meals in day care centers and homes. Our policy has been to direct assistance as efficiently and effectively as we can toward low-income children in these settings.

Q. How is the Food and Nutrition Service meeting the nutrition needs of low-income children and their families?

A. In 1985, the federal government spent \$20 billion on food assistance programs. Four programs—food stamps, WIC, school lunch, and food distribution—accounted for about 90 percent of that cost.

About 20 million people a month participated in the Food Stamp Program at an annual cost of \$11.7 billion. Even taking inflation into account, food stamp spending is 16 percent higher today than it was 5 years ago. Over the course of each year, about one in every seven Americans receives food stamps.

The WIC program provides special foods and nutrition education to a monthly average of 3.1 million pregnant and postpartum women, and infants and children up to age 5. In 1985, the federal government spent \$1.5 billion for these benefits, double the 1980 level. About one in every four babies born in the United States receives WIC benefits.

Every school day, the federal government subsidizes more than 27 million school lunches and breakfasts. Almost half of the lunches served in the National School Lunch Program go to children receiving free or reduced-price meals.

The federal government has sharply increased the distribution of surplus foods. Between 1980 and 1985, the value of food donated to needy families, schools, charitable institutions, and the elderly has doubled.

Q. In view of these figures, how do you account for the common perception that federal food assistance to the poor has been severely cut?

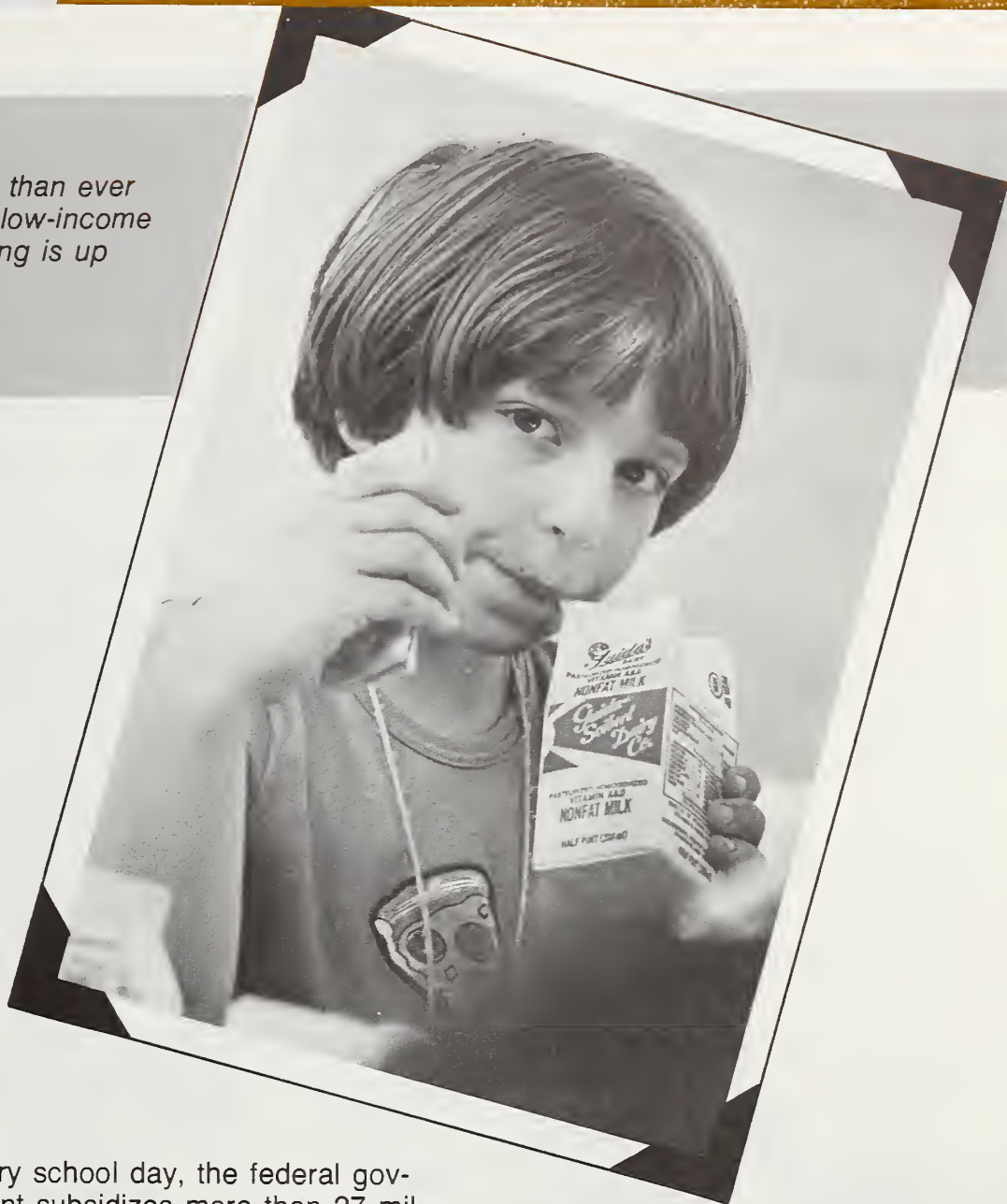
A. Although we are spending more, Congress keeps its books by what would have been spent had no changes been made. By those standards, there have been reductions. Yet, both the cuts and expansions at issue often exist only as part of the budgetmaking process. Cuts in projected rates of growth are not cuts in actual spending or benefits, but this

distinction is often not clearly made in the media, and is sometimes purposely obscured by over-enthusiastic advocates.

Thus, many so-called cuts have no relationship to the reality of program operations since no program change occurred. Let me explain. Some program expansions were enacted in the late 1970's and 1980, but the law scheduled their implementation far into the future. When those unimplemented expansions were repealed, they were counted as a budget cut of well over \$1 billion between 1982 and 1985.

A recent study by the Urban Institute—based on empirical evidence rather than hypothetical projections—shows that the food stamp reforms of 1981–82 had a far less dramatic impact than many critics allege. The composition of the food stamp caseload did not change, the average income of food stamp recipients was virtually unchanged, and benefits are now better targeted to the neediest.

A major purpose of the legislative



“... we have doubled the value of commodities distributed between 1980 and 1985, from \$1.1 billion to \$2.3 billion. Again, children are among the primary recipients.**”**

changes was to target the program more effectively to those in greatest need, and that goal is being achieved. Ninety-five percent of households now receiving food stamps have income below the poverty line, compared to 82 percent in 1979.

As with the Food Stamp Program, changes in the National School Lunch Program helped focus program benefits on more needy children. While the cost of the program is up 6 percent from 1980, the subsidy level to the most needy is 32 percent higher.

Q. Do families run out of food stamps before the end of the month?

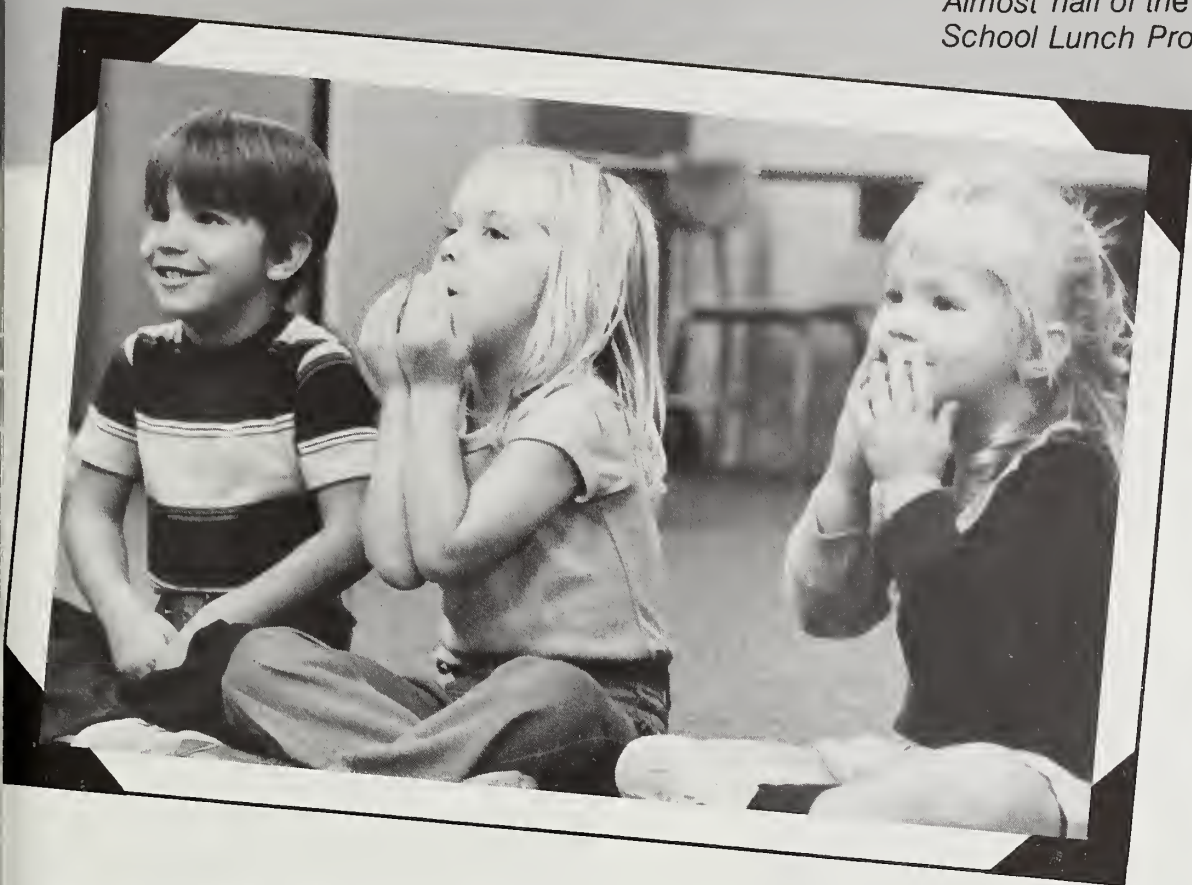
A. A family of four with little or no income receives \$271 a month, a sum equal to the cost of the Department's Thrifty Food Plan. About 80 percent of the food stamp households have significant income, so they receive less than the maximum food stamp allotment. Food stamps are intended to supplement the income these households have to spend for food.

In addition, families can draw on various other programs to help make ends meet. For instance, a low-income household may receive free commodities; the children may have breakfast and lunch free at school and meals and snacks at child care facilities; the women and children may be eligible for WIC benefits; and elderly members of the household, for prepared meals.

To help low-income participants get the most nutrition for each dollar, the Department's information campaign, "Make Your Food Dollars Count," offers money-saving advice on shopping and meal planning.

Q. Has the elimination of outreach efforts by the federal government reduced participation in the Food Stamp Program?

“ Every school day, the federal government subsidizes more than 27 million school lunches and breakfasts. Almost half of the lunches served in the National School Lunch Program go to children receiving free or reduced-price meals. ”



A. No. One of the most rapid increases in food stamp participation and a record high participation level have occurred since elimination of mandatory outreach.

Moreover, states are still free to undertake outreach activities on their own, and some are doing so. In addition, FNS cooperates with and supports outreach efforts by the private sector. Currently, the National Advertising Council is conducting a vigorous media campaign to inform Americans of the availability of the Food Stamp Program.

With one in every seven Americans receiving food stamps over the course of a year, the Food Stamp Program is no secret. People do not need a detailed knowledge of program rules in order to apply to their state welfare office for benefits. In view of the need to reduce federal budget deficits, we don't think outreach efforts are the best way to spend our food assistance dollars.

Q. What about the concern that the federal government spends a great deal of money warehousing foods, while many Americans go hungry?

A. Laws passed to protect both farmers and consumers require the federal government to buy commodities as needed to stabilize market demand and prices.

Every effort is made to distribute as much of that food as possible to schools, institutions, low-income families, and other groups with special needs. On the other hand, free foods that displace commercial sales create more surplus foods—and higher costs for acquisition as well as storage. Under the law, the Secretary must manage distributions of any specific product to avoid displacement.

Even with this restriction, we have doubled the value of commodities distributed between 1980 and 1985, from \$1.1 billion to \$2.3 billion. Again, children are among the primary recipients. For example, commodities account for about one-fourth of the federal subsidies given under the National School Lunch Program, and this helps schools hold down the price of school lunches.

The Temporary Emergency Food Assistance Program, begun by President Reagan in 1981, has steadily increased the amounts of food given di-

rectly to needy households. In 1985, the food donated under this program was valued at almost \$1 billion. We expect to match that total in 1986.

Q. The Gramm-Rudman-Hollings law requires a reduction in the size of the federal deficit, but spending on food assistance has been rising. How does USDA reconcile these trends?

A. Balancing the need for food aid and budget limitations is a continuing challenge. I think we have pursued sound policies, and we will stick with them. Here are several of our priorities:

- Target assistance to those in greatest need. I have cited examples of this effort in both the Food Stamp and National School Lunch Programs.

- Deliver benefits more efficiently. This means both improved management through automation and other techniques and strenuous efforts to reduce errors and cheating. By preventing and prosecuting abuse in the Food Stamp Program, we are better able to spend money on the intended program function of serving those in need.

For instance, computers are now used routinely to check applicants' wage records to verify income. Through these and other efforts, food stamp workers have reduced both the number of ineligible persons receiving food stamps and the amount of benefits overpaid for a total savings of \$500 million from 1981 to 1985.

As another example, audits in 1980 by the Inspector General found that approximately 25 percent of the applications approved for the lunch program were incorrect. The major problem was that low-income subsidies were provided to many middle and upper income families. By requiring more accurate information on household income, we have cut

“*The WIC program provides special foods and nutrition education to a monthly average of 3.1 million pregnant and postpartum women, and infants and children up to age 5. In 1985, the federal government spent \$1.5 billion for these benefits, double the 1980 level.***”**

the error rate in half, for a savings of \$100 million last year.

Q. What other developments seem likely to affect the “safety net” of social programs for the needy in the near future?

A. Over the years, there has been a build-up of administrative requirements for each of these programs. In their time, each was a natural addition. However, when viewed as a whole, the system has gross inefficiencies.

We would like to free states and lo-

calities from these requirements as part of a proposed optional grant that would allow states to develop more effective and efficient mechanisms for achieving the basic program objectives. I am confident that the states could show us a number of approaches to program administration that would better serve the recipients of our programs.

Of course, great news for low-income Americans is the tax reform bill recently signed into law by President Reagan. Families below the poverty level will no longer pay income tax. I view it as terribly ironic that we have taxed families at the lower end of the

economic ladder while government struggled to provide them welfare.

Q. Do our programs reduce infant mortality or have a measurable impact on the health of children?

A. It's common knowledge that adequate nutrition is a key to sound health. The precise impact of our programs is very difficult to measure.

For instance, infant mortality in the U.S. has declined in every year since 1963, and we would all like to see it much lower. Nutrition is one factor that has a limited influence on infant mortality. There are many other factors, including genetics, the age of the



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mother, and the use of tobacco, alcohol, or drugs, which are probably more important.

The national WIC evaluation provided some encouraging evidence of improved infant health, although it was not clear cut or a sweeping endorsement of the program.

We also have very good data about the nutritional quality of our programs. For instance, a 1983 evaluation of the National School Lunch Program reveals that children who eat lunches have a higher intake of energy and essential nutrients than children who eat lunches from other sources.

Q. You frequently visit child nutrition sites around the country. Tell us about that.

A. I really enjoy visiting various feeding program sites to talk with administrators and, of course, the children. It is the best way to stay in touch with program operations. That is where the action is.

Just as important, it helps one keep perspective. Recently, in a New York child care center we were going to bypass a room of 2-year-olds to avoid disrupting the new class. But one little tiger, who did not want to be left out, yelled, “Hi, there.”

The director took us in to visit. The boy and his companions were a bright and lively group, very opinionated about what they like to eat. They are all big lovers of USDA cheese on their pizza.

When you talk with kids, you get a good sense of what is going on and a warm feeling about what taxpayers are doing through these programs.

interview by Wini Scheffler



Making Summer

Residential Camp Opens New World To City Youngsters

Surrounded by housing developments and industrial parks in Horsham, Pennsylvania, just off the Pennsylvania Turnpike, are 234 acres of open space. Within their beech-lined borders are fields of grass and Friendship Lake, frequented by deer, dragonflies, and a host of other wildlife.

The tranquility here is disturbed only by the ripple of Pennypack Creek and the laughter of children. A sharp contrast to the neighboring area, the property is also a contrast to the home environments of the kids who visit the site.

Each summer, several hundred 7- through 14-year-old youngsters from Philadelphia are residential guests of The College Settlement of Philadelphia, a nonprofit organization with roots in Pennsylvania since the 1920s.

During four 2-week camping sessions, about 560 children, many of whom are from families with incomes below the poverty level, have a chance to explore nature, swim, eat nourishing food, and "bunk" with children of various backgrounds, cultures, religious affiliations, and nationalities.

Camp participates in USDA programs

The College Settlement of Philadelphia provides proper nutrition to its campers through an interesting menu. The organization receives financial assistance, nutrition guidance, and donated foods provided through USDA's Summer Food Service Program for Children and the Food Distribution Program.

Under the Summer Food Service Program, approved day and residential camps are reimbursed for meals served free to enrolled children who are eligible for free and reduced-price school meals in the National School Lunch and Breakfast Programs.

Participating camps may serve up to four meals per day, including break-

fast, a snack, lunch, and supper. The same meal must be served to all children, regardless of their reimbursement status. The program was established to insure that school vacations did not end the availability of nutritious meals to kids who were eligible for assistance during the school year.

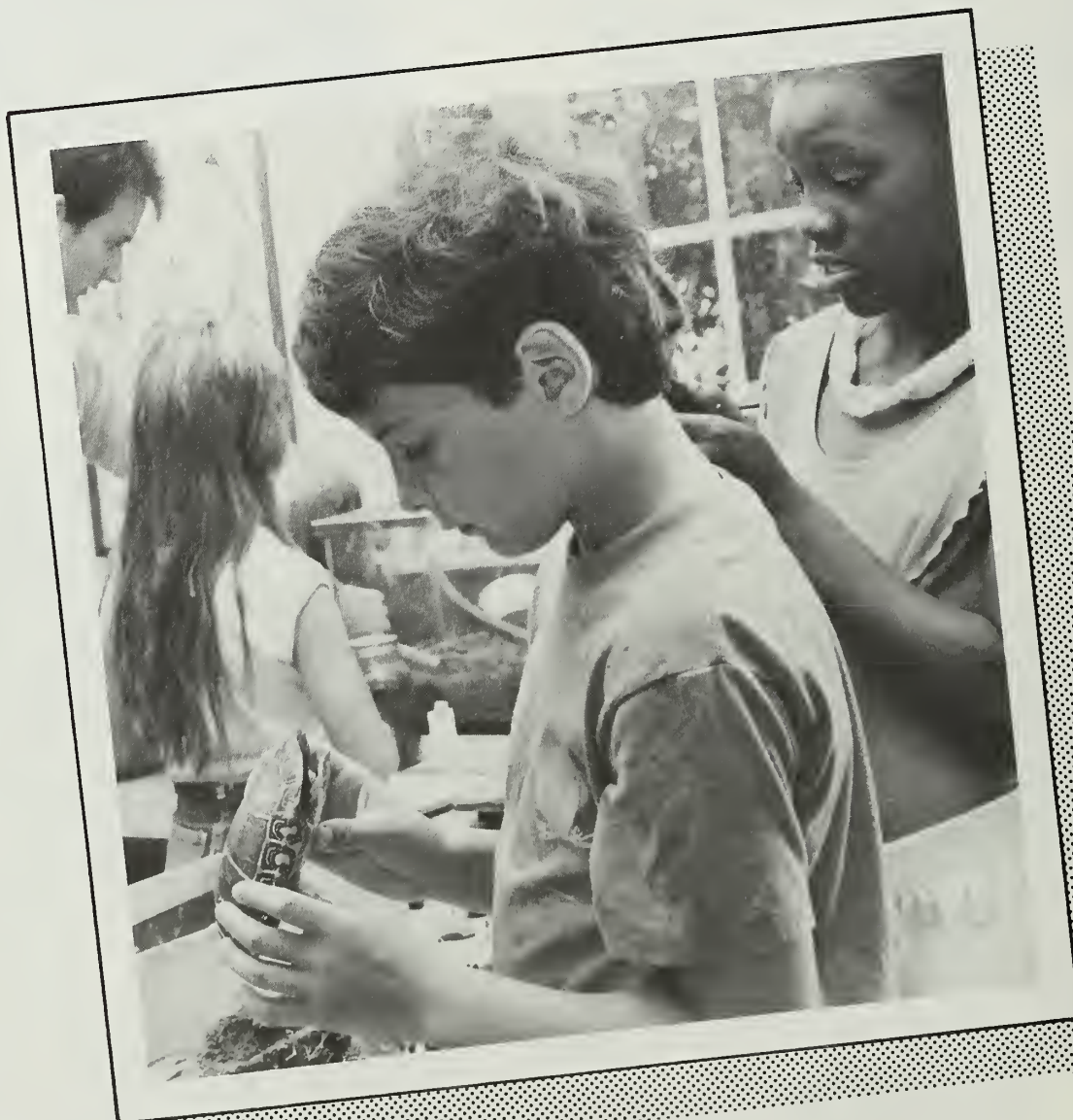
"We became involved with the Summer Food Service Program in 1977," says Frank Gerome, who has been executive director of The College Settlement of Philadelphia since 1982.

"Our philosophy has always been that these youngsters deserve the very, very best in program facilities and food. Just because we happen to be a charity doesn't mean that the children should have a second-rate experience.

"It would be very easy for us to open up a can of ravioli and serve that," Gerome says. "It's not very expensive. But the Summer Food Service Program has made it easier for us to serve lots of foods like poultry and fresh fish. It would be very difficult for us to do this if we didn't have help."

A new experience for many children

The camp's meals and schedule are a new experience for many of the children. As Gerome explains, a typical day at home for some of the children begins at 10 or 11 a.m. and consists of staying inside, watching television, and eating foods like potato chips, pretzels, and soda.



Brighter...

"When we get them here at camp, they get up at 7:30," he says. "It's the middle of the night to them. Then we give them a full breakfast, a full lunch at noon, and a full dinner at 5:30. They get three good solid meals with all they want to eat and all the milk they want to drink."

Through the meals at the camp, youngsters are exposed to food items they might be trying for the first time.

"Some of the foods they're not used to," says Gerome. "For instance, we serve vegetable pie with cheese sauce. We also serve things like chef's salad and meatless spaghetti."



A turtle shell (left) is one of the camp's natural "treasures" the children can look at and touch. Meals (above) are served in the large dining hall.

...Making Summer

In some settings, kids might not be inclined to try unfamiliar foods. "But here," says Gerome, "you have youngsters coming to the dining hall at 12:30 for lunch or 5:30 for supper and they haven't had anything to eat for a few hours. They see something they haven't seen before, but they're hungry, so they'll try it. At least we've exposed them to a different type of food and maybe they'll remember it for later on."

Yogurt topped with cherries, baked chicken, homemade soup, beef stew, turkey, and ham keep the camp menu far and above the typical one, which it used to be.

Meal quality has been improved

Two years ago, Gerome moved to improve the quality of the camp's meals.

"The dining hall staff is the key to starting any kind of nutrition program," says Gerome. "When I initiated this program a couple of years ago, it all hinged on how they would react to it."

"For instance, we don't serve prepared foods. When we're serving fish, we bake it. Can you imagine trying to bake 200 pieces of fresh flounder? It's a mammoth job. And not to deep fry? These people were used to deep frying foods like fish, french fries, and chicken."

Miriam Peoples doesn't mind the change, even if it means more work for her to order and handle a bigger variety of food items. The elderly, soft-spoken food services manager and the first two cooks, who are her daughters, feel their jobs are gratifying because they know they are providing nutritious meals.

"I don't think about the problems," says Peoples. "I just think about what's best for the children. They love it. I never have any complaints. They get plenty of food, and we make sure it's served right."

The nutrition philosophy of The College Settlement of Philadelphia is to increase the use of whole grains, fruits, vegetables, poultry, and fish; to encourage children to eat a variety of foods; to reduce the overall consump-

tion of fats, sugar, and salt; and to eliminate, whenever possible, foods containing artificial preservatives and coloring and other chemical additives.

In keeping with this philosophy, a number of foods have been dropped from the camp food plan.

Nutrition education is something Gerome would like to add to the camp's curriculum. "We have it on a very minor scale, but nothing on the scale I'd like," he says. "It's something we have thought about, and it's on our long-range plan to have someone work in this area with the youngsters."

Because the camp prepares its own meals, it can apply for USDA-donated commodities. USDA foods, like the financial support provided through the Summer Food Service Program, help

the camp serve a variety of foods to help meet the nutritional needs of children.

"This year the government gave us roast beef and hamburger," says Gerome. "We also used their figs, cherries, blueberries, cheese, peanut butter, and flour."

Activities teach positive values

The camp uses the dining hall to reinforce ideas children are learning in other activities.

"Our main thrust is to develop a positive environmental ethic," says Gerome. "For example, some kids feel it's perfectly all right in the city to take your candy wrapper and throw it on the ground. We try to turn that around. For



At the camp's Environmental Center, a young camper watches bees at work in an indoor beehive.

Brighter

instance, to get into the dining hall, they have to use a ticket. If they see a ticket on the ground, they pick it up."

The College Settlement of Philadelphia also teaches youngsters that all living things have a function and should be respected.

"I know growing up in the city myself, the only animals I saw were cats, dogs, sparrows, and pigeons," Gerome says. "That was it. What else did you see? Kids come out here and they see deer, fox, raccoons, and opossums."

At the Environmental Center at the camp, there is a collection of natural "treasures"—bird feathers and feet, turtle shells, and animal bones.

"We have a demonstration beehive at the Environmental Center," Gerome says, "so the kids can see how another species functions. The next time they see a bee, they'll realize it isn't necessarily there only to sting them."

Leisure time involves the children in instructional swimming, archery, basketball, nature crafts, tennis, dancing, singing, story telling, canoeing, campfires, and hay rides. There also are activities, defined by the camp as "action socialization experiences", that encourage youngsters to work together to accomplish a given task.

An example is having groups take turns trying to stand on a small platform. In one particular case, Gerome says, a girl in one of the groups was fairly overweight. The kids thought they were defeated even before trying the event.

Through some guidance from one of the counselors, however, the kids performed the feat by hugging and clinging to the heavysset girl, and she became a heroine.

Settlement helps children attend

The College Settlement of Philadelphia does a balancing act itself. The basic fee for the 2-week camping session is \$140, but there are many families who just can't afford the cost.

"Many times we ask families what they can afford to pay," Gerome says. "We tell them we'll take whatever they can give us. But it costs us much more

than that to operate this camp. At last count for this budget year, it was approximately \$500 to keep a youngster here for 2 weeks."

Grants from a variety of foundations and community agencies and contributions from individuals subsidize those children whose families lack the funds to pay the minimum fee. According to the camp's annual report for 1985, 67 percent of all campers attending the summer sessions were given financial assistance by the camp.

This past summer, at one point 80 percent of the youngsters were eligible for the Summer Food Service Program. Under the program's income eligibility guidelines, if a family of four earns no more than \$20,350 per year, the children are eligible to participate.

What has kept The College Settlement of Philadelphia operating since it was founded in the 1890's is need. Originally, it served immigrants of all nationalities. It was a place where they "settled."

At that time, the organization helped immigrants feel comfortable, learn the English language, and become familiar with American culture. In the 1950s, the foundation changed course, as families became second and third generation Americans and no longer needed settlement services. The focus

became serving disadvantaged children.

Children eager to return ...

Once thought of as "way out in the country," the Settlement's residential camp still fills a need. And when the final bell rings to end each camping day, a lot of the young campers hope they will be able to return the following summer.

"We don't really have any tool to measure how well the camp is rated by the youngsters," says Gerome. "But we have a great many who return year after year. I think the fact they're back is an indication they had an enjoyable time, learned something, and want more."

In addition to operating a residential summer camp, The College Settlement of Philadelphia runs a summer day camp and an outdoor school.

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*article and photos
by Marian Wig*



Many Groups Benefit From School-Sponsored Phoenix Program

This past summer in Phoenix, Arizona, school food service director Pearl Loutzenheiser tried an experiment that earned her not only the gratitude of many children and their parents, but also a visit from USDA Assistant Secretary John Bode.

When school ended in May, instead of closing down for the summer, Loutzenheiser and her staff geared up to operate USDA's Summer Food Service Program for Children. "When the school year ended," she says, "we just kept going."

What is unusual about this summer meals program is not that it was sponsored by a school, but that it served children participating in a number of different education and recreation programs.

Based at Longview Elementary in Phoenix's Osborn School District, the summer feeding program served as many as 120 children a day. Some were students attending summer classes; others were children taking part in the city's recreation program; and the remainder were participants in the Cactus Club, a before- and after-school child care program for elementary schoolchildren from families in which both parents work.

Continuing care was original goal

As Osborn business manager Cheryl Crates explains, the idea for the summer meals program originally grew out of concern for the "Cactus Club kids." "These children have enough movement in their lives without having to switch care providers for the summer," she says.

When summer rolled around, it just seemed logical to set up a summer food service program in order to continue to provide complete day care through the summer months.

Continuing the Cactus Club through the summer provided a large enough lunch crowd to make it cost effective for the school district to operate a summer feeding program.

The surprise was the number and kinds of other groups in the neighbor-

hood who were attracted to the school-based summer lunch program. Even organizers of the city's park and recreation summer program abandoned their own sack lunch program and put their children into the line-up for the pizza slices and other hot foods available in the Longview cafeteria.

Loutzenheiser says she had few qualms about tackling the summer program for the first time this year because it is so similar to the lunch program she operates during the school year.

From her perspective, the summer feeding program is a natural complement to the Cactus Club's goal of creating a caring, nurturing, and stimulating environment for the children.

"The need for this kind of program today is so great, and the Cactus Club and all the other activities fit together so perfectly to meet it."

Groups benefited from working together

The children from the various programs shared more than just lunch. In a number of instances, program organizers worked together to make more activities available to children.

Directors of the Cactus Club, for example, worked with the parks and recreation department staff to develop a summer curriculum that combined the two programs for many activities.

Park and recreation program children joined the Cactus Club for some classes and for meals, and the Cactus Club joined in recreational swimming, archery, and other activities.

The availability of day care and meals increased participation in summer school classes. More children were able to spend an hour or two a day in the classroom because it was just a short walk down the hall from their day care.

Like the other programs, the summer feeding program both contributed to and benefited from the partnership. For the children, the program offered nourishing, well-balanced meals and a chance to learn about good nutrition at an early age.

For Loutzenheiser, operating through the summer was a chance to offer year-round work and some extra training to her staff. Most of all, it was an opportunity to help children.

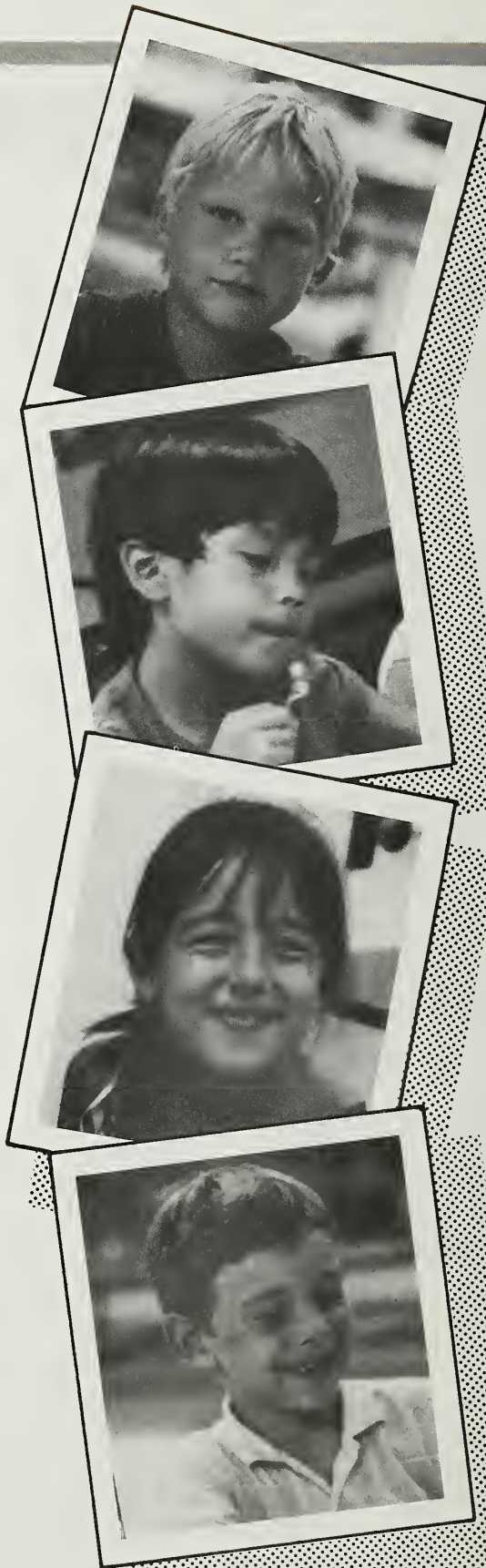
"It just makes you feel good," she says, "to not have to say goodbye to

these kids in the spring and wonder what they'll get to eat during the summer.

"Just wait 'til next year—we'll be feeding 300."

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article and photos
by Tino Serrano



Serving Children For 25 Years...

Food Stamps Have Made A Difference, Say Officials in One of the First Food Stamp Counties

In a quarter of a century, much has remained unchanged in eastern Kentucky. Coal mining is still the primary industry; unemployment is still high; and many area residents still get by on very little income. One thing that has changed for the better, however, is the health of the region's children.

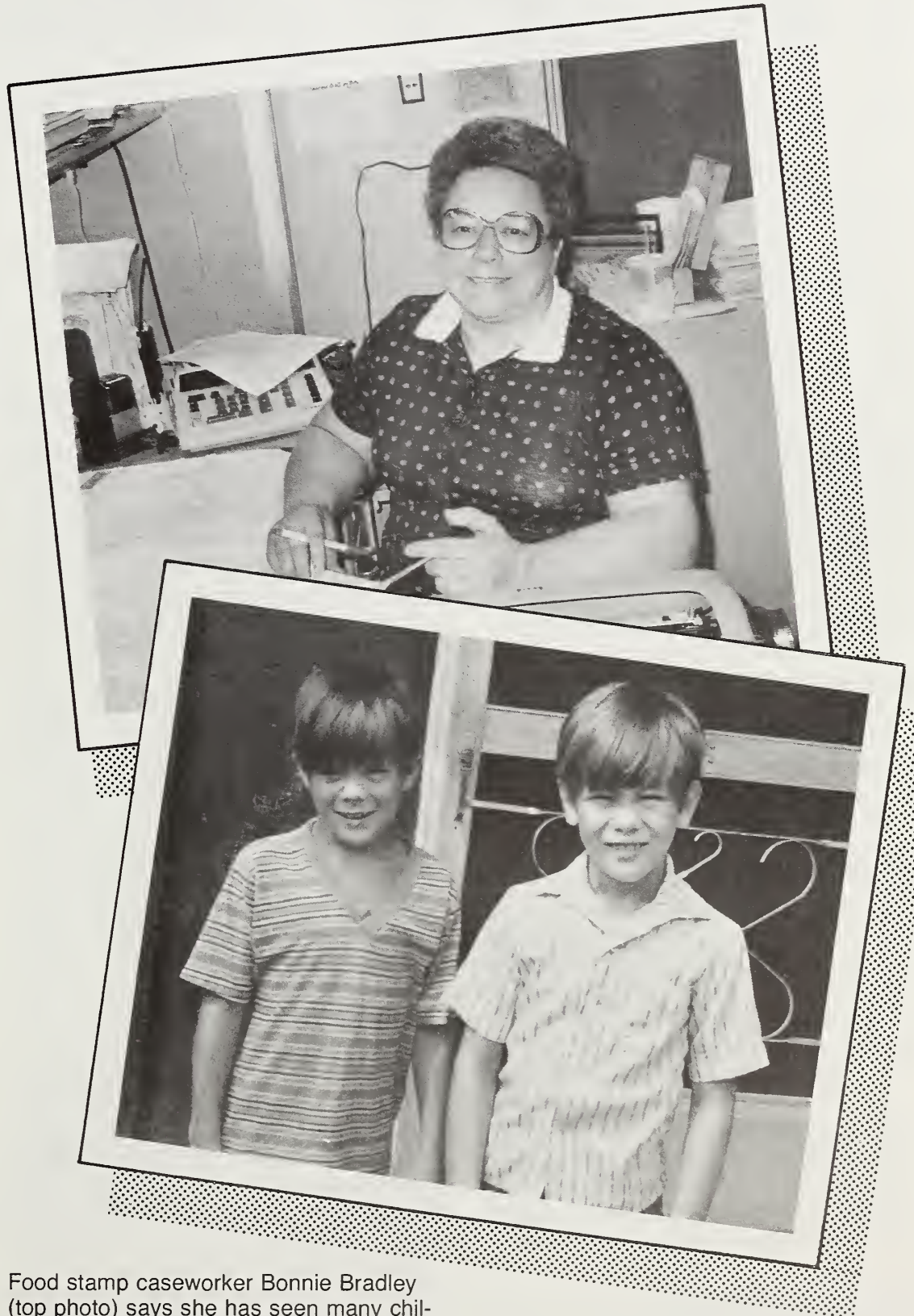
The era that brought about improved health and nutrition for Kentucky's children began in 1961 in Floyd County, where a pilot food stamp program started. Floyd County was one of eight "economically depressed" areas of the country chosen by the U.S. Department of Agriculture to test the effectiveness of food stamps as a means of providing additional nutrition to needy persons.

Before 1961, Floyd County operated USDA's Needy Family Program, distributing monthly packages of surplus commodities to low-income county residents. The packages at that time consisted primarily of staple-type items, such as flour, corn meal, and powdered milk. Participants did not receive any meats or fruits and vegetables. Families with no money subsisted entirely on the commodities and whatever fresh food they could grow.

Children suffered from many problems

Earl Compton, director of the Floyd County Health Department has worked for the department since 1955. He recounts how children's health has changed since the late 1950's and early 1960's.

"There were numerous cases of nutrition-related illnesses then. The only food children got was what their parents could raise and can at home. Some families received surplus foods, but not everybody who needed the food participated in the program," he says.



Food stamp caseworker Bonnie Bradley (top photo) says she has seen many children benefit from the food programs. Anthony and Bradley Hamilton (bottom) are two of them.

Serving Children For 25 Years...

"Children got enough food to survive, but they weren't getting a balanced diet. Some were going to school hungry."

The county health department treated cases of children with rickets (a disease caused by vitamin D deficiency), many cases of intestinal parasites, and various other nutrition-related illnesses in those years.

"Now we don't see nearly as many nutrition problems," Compton says. "The outlook for children today in terms of health and nutrition, as compared to 25 years ago, is almost like the difference between daylight and dark. The need was so great back then, and we had so few resources to tap."

The resources began to expand on June 1, 1961, when the Food Stamp Program was launched in Prestonsburg, the county seat of Floyd County. A host of dignitaries, including former Kentucky Governor Bert Combs and U.S. Assistant Secretary of Agriculture Frank J. Welch, were present when the county's first food stamps were issued to a mother with two children.

Seventy-five families received food stamps by the close of the first day, and by the end of June, more than a thousand families, comprising 6,000 persons, had participated in the new program.

Bonnie Bradley, a principal caseworker specialist with the Floyd County Department for Social Insurance, came to work for the agency the year the Food Stamp Program started.

"I began work as a clerk, and I saw most of the children who came into the office. I noticed their thinness, as if they hadn't had a good meal, and their sunken eyes," she recalls. "After the program operated a while, the children looked better. They weren't as lifeless."

"I think they're better off now," she adds. "In addition to getting food stamp benefits, their parents are better educated and know what foods to give children. You can see the difference in the children every day."

From the beginning food stamps helped

As part of the evaluation of the pilot food stamp project operating in Floyd

County and the seven other areas, the Department of Agriculture assessed the impact of the program on retail food sales, household food consumption patterns, and diets of participating families.

Findings from that assessment provided evidence that what Bradley observed about children's improved health was due to better diets resulting from the Food Stamp Program.

After the program began in Floyd County, retail food sales there increased 11.6 percent. Meat sales alone increased 10.3 percent, and produce sales rose 11 percent.

In the two pilot areas surveyed for food consumption and dietary changes, participating families spent substantially more money per person for food—particularly for dairy and meat products and fruits and vegetables—after they joined the Food Stamp Program.

Also, considerably more low-income families participating in the Food Stamp Program had good diets than did low-income families who were not participating. (A good diet was defined as one which supplied the families with 100 percent or more of the required daily allowances for each of eight nutrients.)

Nutrition education played an important part in Kentucky's first food stamp program. Carl Horn, a lifelong resident of Prestonsburg and the first food stamp issuance supervisor for the county, says that many food stamp recipients in the county in 1961 had rarely, if ever, shopped for food in grocery stores. What food they had, other than USDA commodities, they grew or bought from neighbors.

According to Horn, the food stamp project taught families how to shop. Staff from the Floyd County Agricultural Extension Office conducted nutrition education classes for food stamp recipients each month at the local issuance office, and the food stamp office staff provided nutrition education materials to clients as well.

The success of food stamps in the eight pilot areas led to expansion. By 1964, pilot programs were operating in 40 counties, including two more eastern Kentucky counties—Knott and

Perry. The first Food Stamp Act was passed in 1964, and the program continued to grow. Today it is available in every county in the United States.

Along with the national growth of the program, Floyd County's food stamp participation doubled over the years, from 6,000 people in June 1961 to nearly 12,000 people 25 years later. About 50 to 60 percent of the people currently receiving food stamps in Floyd County are children.

Several food programs are now available

What is Floyd County like today? In many ways, the situation is brighter now than in 1961.

"We have more businesses, better roads, and better education. There are still periods of economic setbacks, especially in the mining industry, but I don't hear of cases of hunger today," says Charles Hackworth, food stamp supervisor for Floyd County.

Hackworth estimates that in Floyd County, with a population of 50,000, about one-half of the residents have been helped in some way by the Food Stamp Program at one time or another. He says that few participants remain on the program for a long time, that is, 3 or 4 years. Most get jobs, leave the program, and then come back for 6 months or so when they fall on hard times.

"I believe the Food Stamp Program has kept children from going hungry," says Hackworth, citing periods of high unemployment and families with no income at all, but he does not attribute all the improvements in children's nutritional status solely to the program.

He points out that the National School Lunch and Breakfast Programs and the Special Supplemental Food Program for Women, Infants, and Children (WIC) contribute significantly to children receiving proper diets. Others in the community agree.

In the 1960's, free and reduced-price meals began to be offered to needy children in Kentucky schools. According to Wayne Ratliffe with the Floyd County Department of Education, about 60 percent of the children participating in the county's school lunch program today receive either



Holding her infant son, James, Greta Adkins (right photo) talks with a WIC nutritionist. An unidentified woman (left photo) applies for food stamps.



free or reduced-price lunches. The vast majority of these students, Ratliffe believes, are from families who also receive food stamps.

"We have some families with zero income," he says. "To keep children from those families from going hungry, we feed them both breakfast and lunch and all they can eat at both meals."

WIC program also plays key role

The first WIC program in the nation began in nearby Pineville, Kentucky, in 1974. Floyd County joined the program in 1977.

"The WIC program is making a big, big difference in the quality of children's health at birth," says Earl Compton.

WIC provides specially prescribed food packages to pregnant and breastfeeding women, and to infants and young children. Because the program is administered through county health agencies, it draws many women in for prenatal care that they might not otherwise receive early in their pregnancies. The foods and nutrition guidance provided through WIC increase their chances of having healthy babies.

Greta Adkins is one young mother who has been helped by both WIC and the Food Stamp Program. Adkins, who is 19, left the hospital after the birth of her second child in July and went directly to the Floyd County Health De-

partment to keep an appointment with the WIC staff.

When she applied for WIC benefits before her first child was born, she was anemic and undernourished. She began receiving WIC foods for herself and later for her baby daughter as well.

The December after her daughter was born, she and her family began receiving foods stamps. When her son James was born, Adkins said she felt much better after being on the WIC program for 2 years and receiving food stamps for several months. James a healthy alert little boy, weighed more than 7 pounds at birth.

"Children have a better chance now"

Like Greta Adkins, Carter Hamilton has been helped by the food programs. Hamilton, the father of three sons, has been unable to work for 6 years because of a disability. Until his wife found a job, the family was totally without income, receiving food stamps as their sole means of support. Mrs. Hamilton is now employed full time, but the family continues to receive some food stamps because of their limited income.

"The Food Stamp Program helps us a great deal," says Hamilton. "Without it, my boys wouldn't be as well-nourished as they are. My wife doesn't earn enough to buy food, and growing

boys could eat all day long."

The two youngest boys, Bradley, 9, and Anthony, 8, received WIC benefits as babies, and all three children participate in the school lunch program.

Hamilton's parents received food stamps when he was in high school, but he can remember what it was like before the county had food stamps or WIC.

"Children have a better chance now because of these programs," he says. "If this had happened to me back then, the children would have had a hard time."

For Greta Adkins, Carter Hamilton, and countless others in Floyd County, the Food Stamp Program and the programs that followed it have improved the quality of their children's lives. Says Charles Hackworth, "The Food Stamp Program is one of the best programs that ever came to our county."

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*article by Brenda Schuler
photos by Brenda Schuler and the
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Helping Families

Food Distribution And WIC Help Choctaw Families In Oklahoma

Mary Alice Bully, whose ancestors came from Mississippi, is 47 years old and a full-blooded Choctaw Indian. She was born in Oklahoma's Atoka County, married her Choctaw husband after he returned from service in Korea, and they had six children. Her face tells of a lifelong struggle to support her family.

Mrs. Bully's 27-year-old daughter Theresa Lynn Prough lives next door. She and her husband have three children.

Both families suffer from having jobs where wages are low and layoffs are common. Mrs. Prough says there are days when her husband is told not to come to work because of a lack of company business.

The Bullys and the Proughs are among the 19,600 Choctaw Indians, scattered over the 10 counties in southeastern Oklahoma that form the Choctaw Nation.

The families are grateful they can benefit from the Food Distribution Program on Indian Reservations (FDPIR), as well as from the Special Supplemental Food Program for Women, Infants, and Children, commonly referred to as WIC.

"It would be pretty hard on both of our families if the commodities were not available," says Mary Alice Bully. "My husband makes only minimum wage and even those jobs are hard to come by."

Donated foods are popular

Since February 1984, when FDPIR was initiated here, qualifying native Americans living inside the Choctaw Nation have been receiving a variety of free foods, such as meat and poultry, canned fruits and juices, dairy products, cereals and grains, vegetable oil, and peanut products. Eligibility for

FDPIR is based on income guidelines set by USDA.

"About 5,000 persons—two-thirds of them children—receive commodities every month at one of the 17 distribution sites in the Choctaw Nation," says Sally Davis, who has overseen the project since its inception and has worked with the tribe for 11 years.

"It's about the most important and popular program the tribe has," she continues. "FDPIR benefits all age groups, but particularly children. It benefits more households than any other program around here."

When Mrs. Bully and her daughter, along with a couple of their children, picked up their monthly allotment of commodities in Boswell, there were several other families awaiting their turn. It took them but a few minutes to make their food selections, sign the receipt, and load the food into Mrs. Bully's car.

Foods are used in traditional meals

"My children really like the meals I prepare from these commodities," says Theresa Prough. "Canned fruit and juices are an especially big treat for them."

Some of the foods received through FDPIR fit into traditional Indian cooking. Many of the dishes are made with corn meal and beans, both of which are distributed through the program. USDA flour is used in Indian fry bread.

The Choctaws contribute about 16 cents for every federal dollar spent on program administration. In fiscal year 1986, their share amounted to about \$60,000, according to Sally Davis. For fiscal year 1987, the tribe's share is budgeted to increase.

"We have some 40 federal programs for our poor and sick," says Gregory Pyle, Choctaw Nation's assistant chief, "and I'd say that FDPIR and WIC are probably the top two programs we have. Some of our people wouldn't have any food for their children or for themselves were it not for these programs."

"Southeastern Oklahoma has traditionally had double-digit unemployment, and Indian unemploy-

ment is close to 30 percent. And it's not unusual to see 10 to 12 persons in a household.

"When you look at WIC, well, either you help these children now, while they're young, or you may have to help them all their lives."

"We've had almost no complaints about FDPIR or WIC," concludes assistant chief Pyle. "USDA is probably one of the best agencies we've dealt with."

WIC participants served at 18 sites

WIC, which was initiated to improve the health of pregnant women, infants, and young children, provides nutritious supplemental foods usually through vouchers that can be redeemed in local food stores. The program also provides nutrition education and access to health services in the community.

More than 3 million women, infants, and children benefit from the program nationwide.

In the Choctaw Nation, WIC benefits about 2,300 persons monthly at 18 WIC sites, co-located with health facilities. Every month, participants receive lessons on nutrition, along with vouchers enabling them to get such foods as infant formula, milk, cheese, canned or frozen juice, cereal, eggs, and dry beans, depending on their age and nutritional needs.

The monthly nutrition lessons cover areas as varied as discussions about breastfeeding with pregnant women approaching delivery, film strips about the four food groups, questions and answers on vitamins and children's eating habits, and preventive health care.

Sherry Judd, one of the fulltime WIC employees in the Choctaw Nation, says one of the positive aspects of WIC is that it brings participants into the health care system. "We not only give pregnant mothers and their children nutritious foods, WIC gets them into health care for immunizations."

Connie Zalenski is a participant in the Choctaw Nation's WIC program. Mother of a 3-year-old son and a 2-year-old daughter, Ms. Zalenski, one-eighth Choctaw, got a job at tribal

With Special Needs...

headquarters last May.

She and her children receive commodities through FDIPIR, and the children participate in WIC.

"We couldn't survive without these benefits," she says. "I couldn't even go to work because the money I now spend for day care, \$170 a month, would have to go for our food."

Like many other food program participants, she hopes that one day she'll be able to earn her own way. She will soon start night classes in business administration at a college in Durant. "I don't want to depend on government for the rest of my life," she says.

In the meantime, WIC and FDIPIR are helping her give her children the kinds of foods they need to grow up strong and healthy.

"They are great programs," she says, "and they are fair."

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*article and photos
by Yves Gerem*



At a distribution site in Boswell, Theresa Lynn Prough and Mary Alice Bully (pictured here with their children) pick up a variety of USDA foods.

WIC...Providing Food

Dedicated Staff Bring Services To Mothers and Children in Rural Ohio County

The land is almost pastoral. The road switches back and forth south from Columbus, Ohio, onto narrow Route 136 and into Adams County.

The towns, with names like Sugar Tree Ridge, Cherry Fork, and Tranquility, hide both the people and the statistics. The highest unemployment in the state. Lowest per capita income. Six physicians, four or five dentists for 28,000 people. Adams County, by any measure, is the poorest county in Ohio.

"This is a hard-scrub kind of area," says Joanne Heidkamp, director of the Adams County WIC program at the Panhandle Health Center outside West Union.

"It's not like prosperity came and went . . . it just never came here," she says.

Heidkamp, a registered dietitian, was recruited by the Southern Ohio Health Services Network 3 years ago to manage the Adams County WIC program. Classified by the government as a medically underserved area, Adams County has the highest birth rate—more babies per woman—of any county in the state.

Last year, there were 300 births. Heidkamp also says the county's teen pregnancy rate is the second highest in Ohio. "Not out-of-wedlock births, either," she says, "just early marriages."

Patients' progress noted by physicians

The one-story brick building housing the Panhandle Health Center and the WIC clinic sits on the edge of old Panhandle Road, next to an abandoned drive-in theatre.

In the waiting room, women, some holding babies, fill out diet histories and answer questions to a nutrition quiz devised by WIC staff. The quiz is an educational device, Heidkamp explains.

Clients are counseled and told why certain foods are chosen for the WIC program. "What nutrients do eggs have? What do these nutrients do?" The answers are on the same page.

"It reinforces what we teach," says Heidkamp.



Melissa Polley says participating in WIC has improved the health of her three young children, (left to right) Matthew, Bethany, and Ryan.

and Nutrition Education

A round-faced toddler rolls on the carpet sucking a plastic bottle full of formula. Last year he was born 2 months premature. After a year on the program, his progress impresses the physician and the WIC nutritionists.

Rita Davis' job title is WIC office manager. Like the rest of the staff, she may at times register new clients, follow up on those who don't show up, and phone in appointment reminders. She was here in 1974 when WIC began with about 100 clients.

"It was unheard of for babies to stay on formula for a year," she recalls. "Most families couldn't afford it and switched to cow's milk after 3 or 4 months."

Davis says that WIC has had a

strong impact in the area. "People are now more aware that child health is connected to diet and nutrition."

WIC foods and counseling help

Three years ago, Melissa Polley's husband, Chris, lost his job in Circleville, Ohio. "We moved back here with our two children to his father's farm in Adams County," she says. They sold everything they had and were starting over with practically nothing.

Pregnant, Melissa worried because her two sons, Matthew and Ryan, had been born premature, and she had recently had a miscarriage.

When she heard about the WIC program, she was reluctant to sign up, she says. "We didn't want a handout."

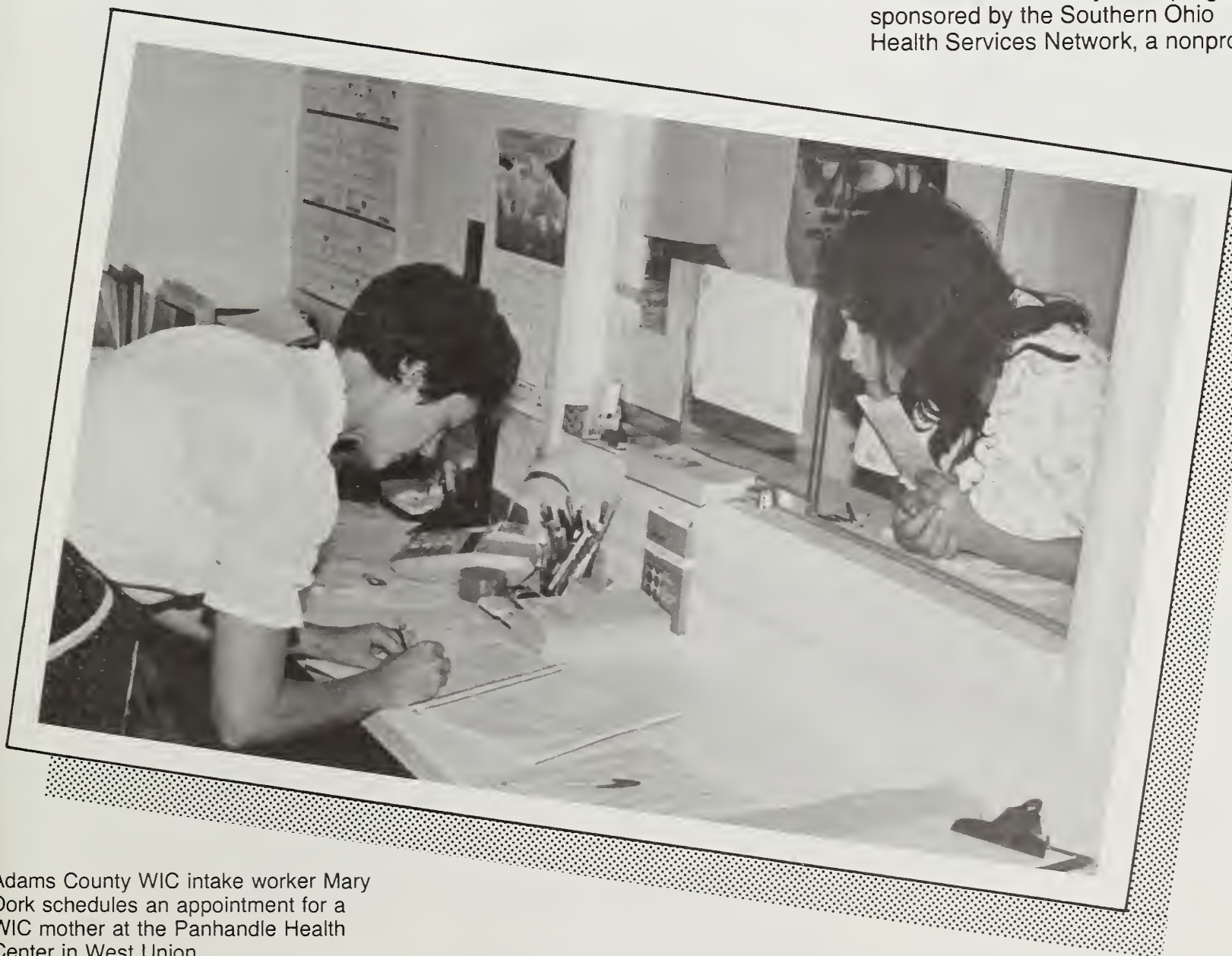
She finally did sign up. "When you don't have anything, and suddenly you have eggs, milk, peanut butter ... it was a tremendous help. And," she recalls, "WIC didn't make me feel degraded. The staff made me feel really good about myself and my family's future."

Her physician had warned her that her pregnancy was high risk, and that "the baby might not live," she says.

Polley stayed on the WIC diet the remainder of her pregnancy. "Bethany was born 2 weeks overdue, weighed 8 pounds, 6 ounces, and was perfectly healthy," she says. "At the time I really needed it, I was eating the right foods."

Program sponsored by health network

The Adams County WIC program is sponsored by the Southern Ohio Health Services Network, a nonprofit



Adams County WIC intake worker Mary Dork schedules an appointment for a WIC mother at the Panhandle Health Center in West Union.

health care services organization headquartered in Cincinnati. Founded in 1976 to help combat the critical health problems of four counties—Adams, Brown, Clermont, and Highland—the network operates a maternal and child health prenatal program at the Panhandle WIC clinic.

The network adopted the WIC program from the Adams County Hospital in 1981 and last year linked it with neighboring Brown County through three satellite offices.

Once a month, office manager Davis and a nutritionist pack up baby scales, a hematocrit (blood count) machine, a folding table and chairs, and drive throughout the two counties registering mothers and children who need and qualify for WIC.

"One day in Fayetteville, we signed up 12 new clients in a garage," says Davis.

Since 1981, when the network took over WIC, enrollment has increased from about 300 women, infants, and children to more than 1,000 in Adams County and more than 800 in Brown County.

Director Heidkamp says accessibility and transportation present special problems in reaching rural clients. "About a fourth of the people don't have telephones. One in six don't have a car," she says.

Special efforts reach clients

WIC, HELP, PREGNANT? are a few of the tiny headlines atop two- and three-line announcements scattered among the yard sales and classified ads of county newspapers. The announcements are a good way to

spread the word about WIC, says Heidkamp. Another is the Adams County Fair, where each year the WIC staff set up an information booth.

Despite the accessibility problems, Heidkamp says that once enrolled in WIC, most clients return each month. The clinic has a solid 75-percent "show rate."

Davis remembers one mother who rode a horse to pick up her monthly food coupons, while others have been known to walk for miles to the clinic each month.

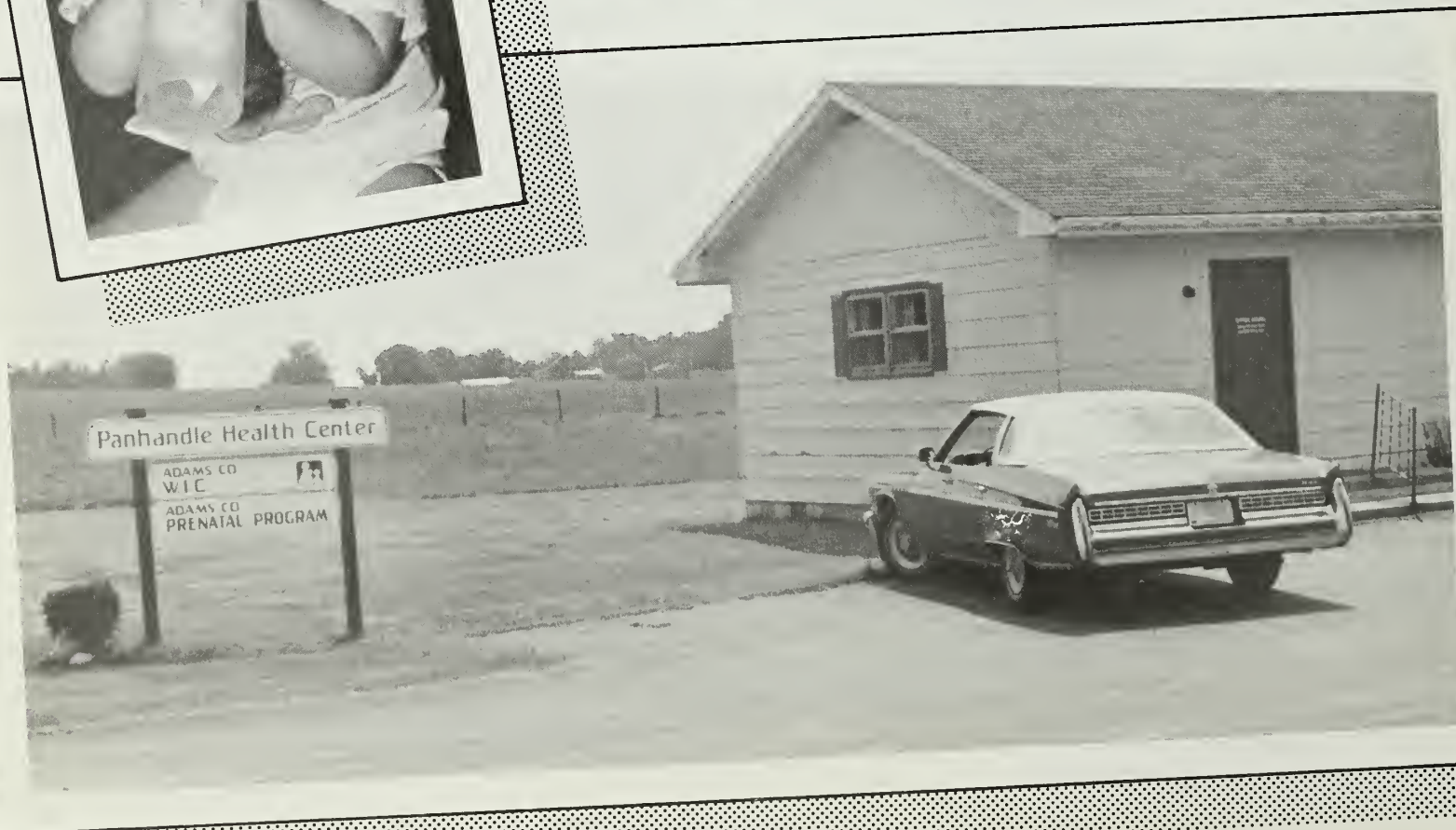
Heidkamp and her staff say they are proud of what WIC accomplishes in the counties. "We can register, evaluate, certify, and give our participants food coupons for better diets," she says.

"Often we're talking about feeding children in families who at the end of the month are very low on food. Without WIC," she says, "Adams County would be even poorer."

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*article by Lawrence Rudman
photos by Lawrence Rudman and
Barb Honerlaw, Southern
Ohio Health Services Network*

Born 2 months premature, this child has been on WIC for a year. His progress impresses the staff at the Panhandle Health Center. Since 1981, WIC participation has grown steadily in Adams County.



Preserving A Precious Resource...

Coordinated Efforts Improve Opportunities for Tennessee's Children

"A few years ago, we were hearing a lot about the preservation of our natural resources. However, we were hearing very little about our most precious resource—one we often take for granted, and that is our children," says Susie Baird, coordinator for a special effort in Tennessee known as the Healthy Children Initiative.

The Healthy Children Initiative had its beginning in 1980 when Governor Lamar Alexander convened a task force on mental retardation. In 1981, this task force made 27 recommendations to improve health services for children in Tennessee.

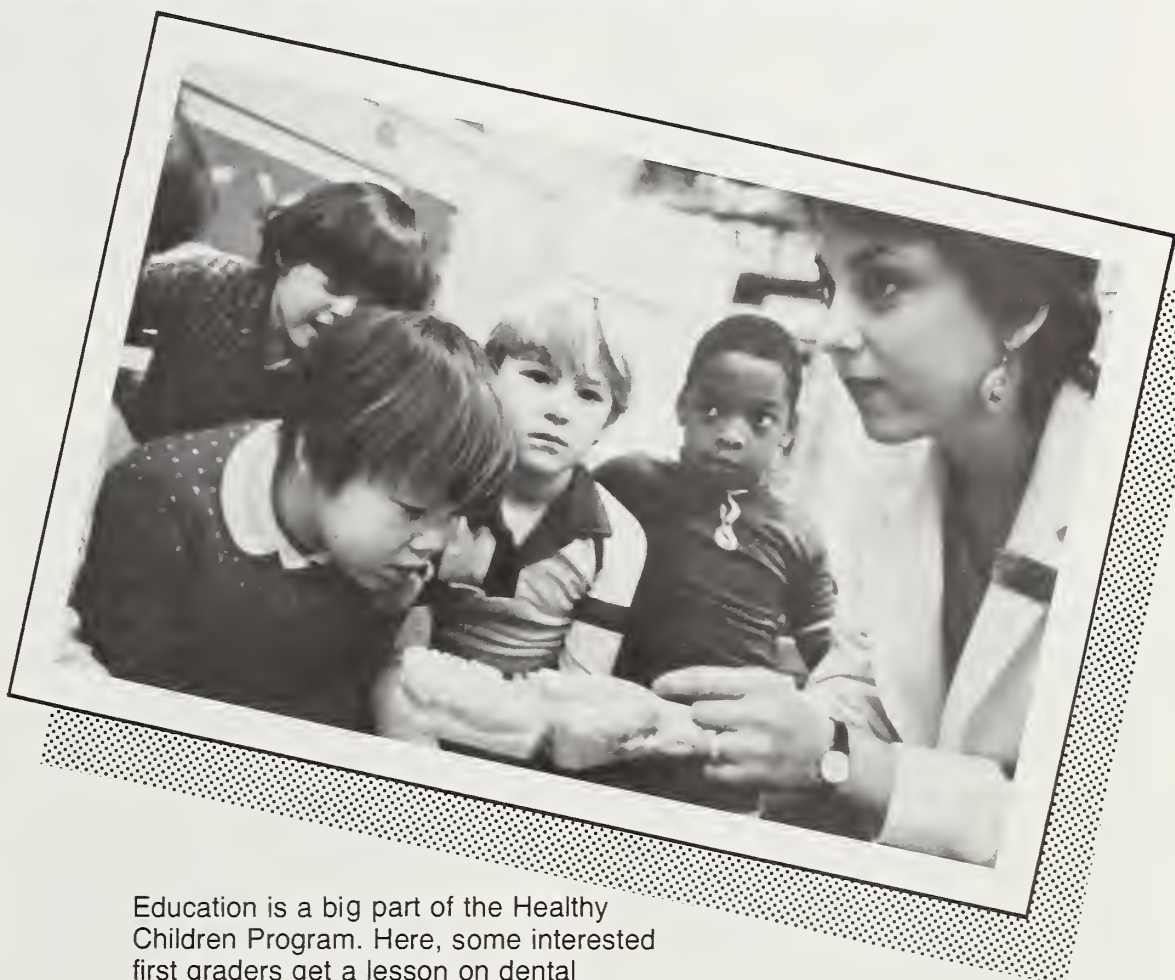
These recommendations gave impetus to the creation of the Governor's Task Force on Healthy Children. Designed to assure that every child has the opportunity to be born healthy and to grow up healthy, the task force included representatives from public and private agencies and was headed by the Governor's wife, Honey Alexander.

"Basically, what the task force did was to look at existing services for children, see where they needed to be expanded or better coordinated, and look for new ways to teach parents and children about good health," say Baird.

As a result of the task force's work, additional state support has been provided for a variety of services and activities. Tennessee's Healthy Children Program is a good example of how health care and food assistance agencies can work together to enhance the quality of children's lives.

Starting with healthy mothers

The first step toward ensuring healthy children begins with healthy mothers. In 1982, Tennessee successfully established a statewide prenatal care program. On average, there are about 65,000 deliveries in Tennessee each year, and county health



Education is a big part of the Healthy Children Program. Here, some interested first graders get a lesson on dental health.

departments—working with private physicians and hospitals across the state—provide prenatal care for about 13,000 of these women.

"Many of the women wouldn't receive prenatal care if it were not available through the health departments," says Baird. "A special focus of the statewide prenatal program has been encouraging pregnant women to begin care at the earliest possible opportunity.

"Research shows that women who begin prenatal care in their first trimester are less likely to have a low birthweight baby," Baird adds. "Low birthweight is one of the leading factors in infant mortality, mental retardation, and other handicapping conditions."

Prompt enrollment of eligible patients in USDA's Special Supplemental Food Program for Women, Infants, and Children (WIC) has been a priority of the prenatal program.

WIC is one of two USDA supplemental food programs operating in Tennessee. The other program is the Commodity Supplemental Food Program (CSFP), which provides packages of USDA-donated foods.

The state of Tennessee receives approximately \$3,349,000 monthly from USDA in support of these two programs, enabling the state to serve more than 92,000 low-income women, infants, and children monthly.

"Through these programs and other nutrition counseling and education ef-

forts, we encourage our prenatal clients to eat right," says Baird. "This, along with other educational activities, helps assure the mother that she is doing everything possible to have a healthy baby."

Regular followup is also stressed

In addition to focusing on good prenatal care, Tennessee is also working to make sure medical followup and nutrition guidance are available during children's earliest years.

The state has implemented an infant followup program, which has two major goals. One is to make sure that as many children as possible have a consistent source of preventive health care and a place to go when the child is sick. When possible, this is a private physician's office; but if a physician is not available, partnerships between local health departments and private physicians are established.

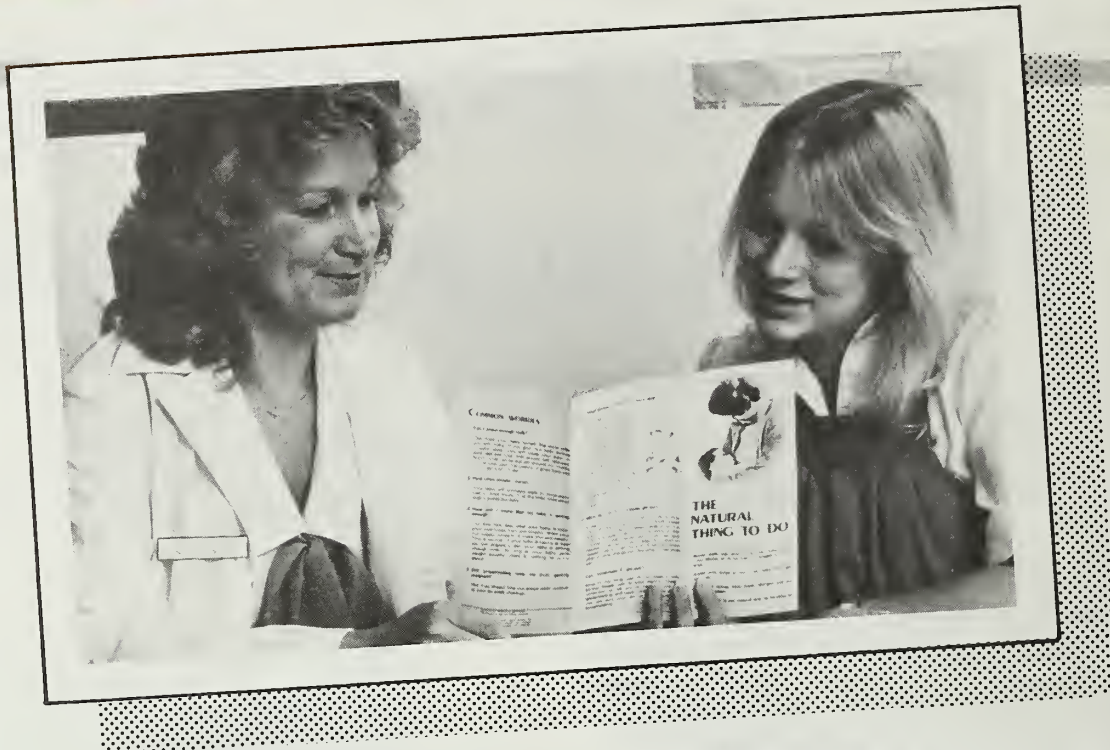
The second goal is to provide followup services to children with special needs. "The infant followup program is designed especially for infants who are at risk because of low birth weight or other medical problems," says Baird. "By following up on certain infants after they leave the hospital, we can be sure they continue to receive the health care they need as they grow."

The followup is done by the local health department working in cooperation with medical home physicians. In some areas of the state, specially trained workers visit the parents and children in their homes. In other areas, nurses perform the followup in the clinic.

Whether it occurs in the clinic or in the home, infant followup workers teach parents how to cope with the demands of children whose medical problems or handicaps require special treatment.

Teaching parents how to take care of their baby, both physically and emotionally, is another component of the infant followup program. Parents learn about various services available to them for their baby not only through the health department but through other agencies as well.

Since low birth weight and slow weight gain are problems for many of these infants, workers teach parents about good nutrition and give them suggestions for feeding their babies. In



At a Tennessee clinic, a nutritionist talks about breastfeeding with her patient, while a baby (right) gets an ear exam.

some cases, the worker may determine the mother and child are eligible for WIC or CSFP and will help them apply.

"We know that how you feed your baby during his first year will affect the way he eats for the rest of his life," says registered dietitian Rubelyn Mays, community health nutritionist for the Tennessee Department of Health and Environment.

"By introducing the right foods in the proper order at the correct time in his life, you can actually help your child develop healthy life-long eating habits. We place a great deal of emphasis on the importance of good nutrition in our infant followup program."

Breastfeeding is another focus

Tennessee has one of the lowest breastfeeding rates in the country, according to the 1984 Report of the U.S. Surgeon General's Workshop on Breastfeeding and Human Lactation.

In 1983, about 49 percent of new mothers were breastfeeding upon hospital discharge in Tennessee as compared to more than 61 percent nationwide. The 1990 goal established by the U.S. Department of Health and Human Services is 75 percent.

To address this concern, the Tennessee Department of Health and Environment has initiated a statewide breastfeeding promotion task force. In keeping with the national objective, the activities of the task force include de-

termining effective strategies to:

- assist expectant mothers in making informed choices regarding the method of feeding their infants;
- assist new mothers in successfully initiating breastfeeding; and
- increase the duration of the breastfeeding period.

A special part of the promotional effort is community education. "We're working hard through the infant followup and prenatal programs to make women more aware of the benefits of breastfeeding," says Minda Lazarov, breastfeeding coordinator for the department.

"Most experts believe breast milk is the best food for an infant," she adds. "However, many mothers worry about whether they will be able to breastfeed their babies."

To promote the efforts of the breastfeeding task force and to encourage parents to obtain health services early in their child's life, the Department of Health and Environment has conducted several media campaigns.

A public service announcement featuring actress Linda Kelsey was obtained through Metanoia for distribution to Tennessee television stations and has been airing since last July. "The 30-second spot shows the actress with her baby as she discusses the special bond they have built through breastfeeding," Lazarov explains.

In another effort, the state's public



affairs office has distributed newspaper stories which dispel some of the myths women may have about breastfeeding. Some of the stories show how working women can continue to breastfeed their babies after returning to work.

In addition, the state has applied for a special breastfeeding promotion grant for selected counties in rural west Tennessee. If approved, the grant will be provided by the U.S. Department of Health and Human Services through what's known as SPRANS (Special Projects of Regional and National Significance).

For the infant followup program, a media campaign with the message "Keep your baby's health on track" has been designed. The main carrier of the message is a colorful 24- by 39-inch poster featuring the "Healthy Children Express."

The tracks of the "Healthy Children Express" wind through a child's land where growth and development from birth to 18 months are illustrated. At various railroad crossings—used to represent months in a child's life—children are shown rolling over, crawling, reacting to sound, learning to use a cup, talking, walking, and discovering.

Nutrition and safety hints are provided along with suggestions for timing of health checkups and immunizations.

"The poster has been an excellent resource for teaching parents," says Rubelyn Mays.

School projects are also planned

To reach older children, the Healthy Children Initiative includes plans for expanding health and nutrition services in schools.

Last year, each of Tennessee's 13 regions received two or three new staff members to work on a school health program that is a balance of clinical services and health and nutrition education. Each region is tailoring the program to meet its own needs.

"Currently, the state has about 80 school nurses who are in school systems in one-third of our counties," says Baird. "Most experts believe the nurse-to-student ratio should be somewhere around 1:750 to 1:1,500. That means Tennessee needs about 400 more school health nurses."

According to Baird, the goal for the new school health program will be to demonstrate how providing health education and health services can improve students' health and prevent disease.

Initially, the program will reach approximately 51,000 of the 850,000 children in Tennessee's public schools. "After we demonstrate the positive changes made in the schools where our program will be implemented, we want to expand the school health program so that it reaches all of our students," says Baird.

Five special projects will also be funded through the school health program. One project calls for a full-time

nutritionist to be a member of the three-person school health team in a comprehensive school-based clinic at Booker T. Washington High School in Memphis.

The nutritionist will be responsible for teaching nutrition classes as well as one-on-one counseling with the students. To help evaluate results, during the first year of the program students who have been enrolled in nutrition classes will be observed in the lunchroom to see if they are eating the right types and amounts of foods appropriate for their age, weight, and height.

"We expect the results of this project to show that nutritionists can help students make positive changes, and that nutritionists have a role in our education program," says Baird.

Giving children a better chance

Through the Healthy Children Initiative, we've taken some steps that are already showing benefits in the health status of our children," says Baird.

"While we know we cannot take credit for all the improvements, we feel that the relationships we have established with private providers across the state and the special efforts we have made through our health department programs have made better care available."

According to Baird, one of the most significant improvements is the steady decline in the state's infant mortality rate. "Today it is the lowest it has ever been, and we are working to get it even lower," she says.

In 1978, the infant mortality rate for Tennessee was 14.8 deaths per 1,000 live births. In 1981, that rate had dropped to 12.6. The latest figure for the state is 11.8 for 1984.

"We think the Healthy Children Initiative has, as we had hoped, expanded opportunities for our state's children," says Baird. "Like our message says, we 'don't take their health for granted.'"

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Published four times a year by
the Food and Nutrition Service,
U.S. Department of Agriculture,
Alexandria, Virginia 22302

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Jan Proctor, Art Director

Yearly subscription: \$11.00 domestic,
\$13.75 foreign. Single copies: \$3.00
domestic, \$3.75 foreign. Send sub-
scription orders to Superintendent of
Documents, Government Printing Of-
fice, Washington, D.C. 20402. These
prices are subject to change without
notice by the Government Printing
Office.

The Secretary of Agriculture has deter-
mined that the publication of this peri-
odical is necessary in the transaction
of the public business required by law
of this Department. The use of funds
for printing this publication has been
approved by the Director of the Office
of Management and Budget.

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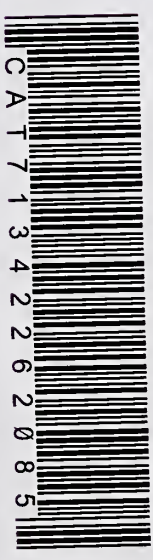
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